

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040438

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED OCT 28 1962

1003

10139

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Benjamin

S.

Lang. Sr.

4. DATE
OF
DEATH

Month

Day

Year

Oct. 21, 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12/29/18799. AGE (last birthday)
83IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY
Co grain broker11. BIRTHPLACE (City and state or country)
Troy, Illinois12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Lang.

13b. MOTHER'S MAIDEN NAME

Henrietta

14. NAME OF HUSBAND OR WIFE

Gladys T. Lang.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ben. S. Lang. Jr. Webster Groves, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Nephrolithiasis

PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to present and last saw him alive on Oct. 20, 1962

Death occurred at 3:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

14 Forsyth Walk

22c. DATE SIGNED

Robert C. Kingsland MD

Clayton 5 Mo

10-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

10/23/1962

Bellefontaine Cemetery St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lupton Chapel; 7233 Delmar Blvd;

OCT 23 1962

R. Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. R. C. Lang.
14 Forsyth Walk
PA-52800
Monday after 3:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address H. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.